



CITY OF CHELSEA, MA  
Licensing Commission

City Hall, 500 Broadway, Room 307 Chelsea, MA 02150  
Phone: 617.466.4150 Fax: 617.466.4159

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Licensing Administrator  
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*FOOD TRUCK/FOOD CART APPLICATION*

All food truck/food cart licenses expire January 31<sup>st</sup> of each year.

All food truck/food cart licenses must have approval of the Chelsea Licensing Commission.

- 1) If corporation, name of corporation (submit copy of Articles of Organization)

\_\_\_\_\_

- 2) Business Name \_\_\_\_\_

- 3) Business Address \_\_\_\_\_

- 4) Business Telephone # \_\_\_\_\_

- 5) Food Truck Plate # \_\_\_\_\_

Food Cart description: \_\_\_\_\_

Size/height/width/ wheels: \_\_\_\_\_

- 6) Hours of Operation \_\_\_\_\_

- 7) Type of Menu (Brief Description) \_\_\_\_\_

\_\_\_\_\_

- 8) Owner \_\_\_\_\_

- 9) Date of Birth \_\_\_\_\_ Social Security No \_\_\_\_\_

- 10) Home Address \_\_\_\_\_

- 11) Home Telephone Number \_\_\_\_\_

Email address: \_\_\_\_\_

- 12) If owner is a corporation, state the following information for the principal officers:

Name of President \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_

13) Driver of Truck: \_\_\_\_\_ MA. License No. \_\_\_\_\_  
D.O. B. \_\_\_\_\_ Driver will be CORIed by Chelsea Police Department

Manager of establishment \_\_\_\_\_

Manager's social security # \_\_\_\_\_

Manager's date of birth \_\_\_\_\_

14) Home address of manager \_\_\_\_\_

15) Home telephone \_\_\_\_\_

16) Did you or any member of the above establishment/corporation have any criminal convictions?

If so, please describe:

\_\_\_\_\_

**\*Attach Truck Route and locations dates and time of stationary food service. Attach a brief description of the proposed business plan.\***

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Federal ID Number

\_\_\_\_\_  
Date

=====

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Federal ID or Social Security #

\_\_\_\_\_  
Date

**ALL QUESTIONS MUST BE ANSWERED. ANY FALSIFICATION OF THE FOREGOING INFORMATION WILL  
LEAD TO IMMEDIATE DENIAL/REVOCATION.**

**Return completed application to , Licensing Department, City Hall, 500 Broadway, Room 307, Chelsea, MA 02150, with the following:**

**NEW Applications:**

- 1) Application fee (non-refundable) in the amount of \$25, payable to City of Chelsea by check or money order only (not applicable for renewals);
- 1) Copy of Business Certificate **OR** Articles of Organization;
- 2) Certificate of Good Standing from the Massachusetts Department of Revenue;
- 3) Certificate of Worker's Compensation **OR** Certificate of Compliance (*must be notarized*);
- 4) Wage Theft Certification Form;
- 5) Copy of Menu;
- 6) Copy of Retail Food Permit issued by City of Chelsea Inspectional Services Department. The fee for this permit is \$150 plus any applicable add-ons depending on the service provided. An inspection will be required;
- 7) Copy of Route approved by Traffic & Parking Commission;
- 8) Copy of description of business plan. Include anticipated benefits to the community as well as plans to address any impacts on noise, traffic, congestion, odors, parking or fumes. Please also include plans to address waste generated and any seating that is proposed;
- 9) Certificate of General Liability insurance coverage;
- 10) City of Chelsea CORI Form.

**Upon approval of application, applicant is required to submit the following:**

- 1) License fee in the amount of \$500 for a Food Truck Chelsea resident/ \$1500 Food Truck non-resident, payable to City of Chelsea by check or money order only.
- 2) Food Cart License Fee is in the amount of \$200 for Chelsea residents and \$350 for non-residents.
- 3) One Day Food Truck or Food Cart \$50.00

**Mobile food service operations are prohibited within 300 feet of a stationary business selling similar products or any elementary or secondary school as well as on private property without the consent of the owner. Mobile food service operations may not operate between 8:00 p.m. and 8:00 a.m.**

*Revised: 10/5/17*

**CERTIFICATE OF COMPLIANCE  
PROVIDING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT**

Section 25C of Chapter 152 of the Massachusetts General Laws requires that every local licensing authority shall withhold the issuance or renewal of a license or permit to operate a business or to construct a building(s) in the Commonwealth until it has received acceptable evidence of compliance with Workers' Compensation Insurance coverage required by law.

As a person or company seeking renewal of a license, you must submit with your application, a Certificate of Insurance showing workers' compensation insurance in effect as of the date upon which renewal of a license is requested.

In certain circumstances, listed below, workers' compensation insurance is not required. If one of the following situations applies to you, please check off the appropriate exemption and sign the statement where indicated before a Notary Public, who will then notarize the sworn statement:

- ( ) I am self-employed and have no employees who work for me, and perform all the work of my business, at Chelsea, Massachusetts, myself. Therefore, I am not required to obtain workers' compensation insurance.
- ( ) I, and \_\_\_\_\_ are the owners of the business  
\_\_\_\_\_, at Chelsea, Massachusetts, and we have no employees. Therefore,  
we are not required to obtain workers' compensation insurance

I certify that the above is true and correct under the pains and penalties of perjury this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

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**COMMONWEALTH OF MASSACHUSETTS**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared the above named person(s) whose name is signed above, and swore or affirmed to me that the contents of this document are truthful and accurate to the best of his/her knowledge and belief.

(seal)

Identification presented: \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

### **WAGE THEFT CERTIFICATION**

Pursuant to M.G.L. c. 149, M.G.L. c. 151, I certify under penalties of perjury that, neither this Company nor any of its owners/managers, have been subject to a federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of M.G.L. c. 149, M.G.L. c. 151, the Fair Labor Standards Act or any other state or federal laws regulating the payment of wages within three (3) years to the date of the License.

Or, I certify that this Company and/or its owners/manager, have provided copies of any and all of the above to the City prior to the date of the renewal of any license and any required wage bond or insurance; and certifies, that while the License is in effect, it will report any instance of the above to the City within five (5) days of business' receipt.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Federal Tax ID No. or Social Security No.

\_\_\_\_\_  
Date

**RESPONDENTS MUST SUBMIT THIS COMPLETED FORM WITH APPLICATION AND/OR RENEWAL.**

## **CORI REQUEST FORM**

City of Chelsea Licensing Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of Food Truck Driver, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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### **APPLICANT INFORMATION** (Please Print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If Applicable)

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mother's Maiden Name  
(Requested but not required)

Current Address: \_\_\_\_\_

Former Addresses: \_\_\_\_\_

Sex \_\_\_\_ Height \_\_\_\_ Ft. \_\_\_\_ In. Weight \_\_\_\_ Eye Color \_\_\_\_

State Driver's License Number: \_\_\_\_\_

*The above information was verified by reviewing the following form of government issued photographic identification:* \_\_\_\_\_

Requested by: \_\_\_\_\_  
Signature of CORI Authorized Employee